



LICENSING DIVISION
P.O. Box 989002 (916) 445-7724
West Sacramento, CA 95798-9002



BUREAU OF SECURITY AND INVESTIGATIVE SERVICES APPLICATION FOR QUALIFICATION CERTIFICATE

Application for Qualified Manager:

☐ Alarm Company Operator

☐ Repossession Agency

This form is to be completed by the individual who wishes to become the qualified manager for a repossession agency or alarm company. If granted, a certificate allows you to act as qualified manager for a licensed company; it does not take the place of a company license.

This form must be accompanied by the application and fingerprint processing fees, one set of classifiable fingerprints, Certificate(s) in Support of Experience (Form 31A) and two photographs, taken within the past year, that are 1 1/2" x 2" in size and of passport quality.

The Application for Qualification Certificate fee shall not be refunded.

Department Use Only			
Prefix			
No.			
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Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [42 USCA 405(c)(2)(C)] authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgement or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

This information is requested pursuant to California Business and Professions Code sections 480, 7503.1, and 7599 and Labor Code section 432.7 and will be used to determine eligibility for licensure. All information is necessary, and if not provided, the application may be rejected.

Please type or print clearly

1. Name	Last	First	Middle	2. Social Security Number (Mandatory)
3. Residence Address - Number and Street			City	State ZIP Code
4. Telephone Number		5. Date of Birth (Mo/Day/Yr)		
Residence ()		Business ()		
Complete items 6 and 7 only if you are to be manager of a company that is already licensed.				
6. Business Name		7. Business License Number (If licensed)		
8. Business Address - Number and Street		City	State	ZIP Code
9. Your Position with Business: (Check all that apply)				
Owner	<input type="checkbox"/>	Qualified Manager	<input type="checkbox"/>	
Partner	<input type="checkbox"/>	Officer	<input type="checkbox"/>	Office Held _____
10. Have you ever applied for or received a license or registration from the Department of Consumer Affairs, the Department of Professional and Vocational Standards, Bureau of Private Investigators and Adjusters, the Collection Agency Licensing Bureau, the Bureau of Collection and Investigative Services or the Bureau of Security and Investigative Services?				
				Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Have you or any partnership or corporation of which you were a member or officer had any license denied, suspended or revoked by any state, territory, or governmental agency?				
				Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Have you ever been convicted of any crime or entered a plea of nolo contendere? (Convictions dismissed under Section 1203.4 of the Penal Code must be disclosed. Minor traffic violations resulting in a fine of \$499 or less do not need to be disclosed.)				
				Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Are you currently on bail and/or your own recognizance for an arrest for a crime other than a minor traffic violation?				
				Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Have you ever used a name other than your present legal name?				
				Yes <input type="checkbox"/> No <input type="checkbox"/>

IMPORTANT: If you answered "yes" to any of the preceding questions, attach a supplementary statement giving a complete and detailed explanation, including dates, names used, license numbers, reasons, convictions, etc. Convictions dismissed under section 1203.4 of the Penal Code and any plea of nolo contendere **MUST** be disclosed.

17. EMPLOYMENT HISTORY: Your past five-year (5) employment history must be shown. Any lapse of employment during those five years must be explained. List most recent experience first. Qualified managers must list ALL qualifying experience and attach completed Certificate In Support of Experience forms for any experience used to qualify for the license examination. If additional space is needed, attach a separate sheet.

Name of Employer:		Telephone Number ()		Duties performed:
Address Number and Street				
City	State	ZIP Code		
Your Position Title:		Supervisor's Name		
Dates Employed (Mo/Day/Yr) From To		Total Number of Hours Worked		
Name of Employer:		Telephone Number ()		Duties performed:
Address Number and Street				
City	State	ZIP Code		
Your Position Title:		Supervisor's Name		
Dates Employed (Mo/Day/Yr) From To		Total Number of Hours Worked		
Name of Employer:		Telephone Number ()		Duties performed:
Address Number and Street				
City	State	ZIP Code		
Your Position Title:		Supervisor's Name		
Dates Employed (Mo/Day/Yr) From To		Total Number of Hours Worked		

18. List your residence addresses for the past five years. Give the most recent first, using additional sheet if necessary.

NUMBER AND STREET	CITY	STATE	PERIOD	
			From	To

For qualified manager applicants only:

19. Location and date you wish to be examined:

Los Angeles ☐

Sacramento ☐

Date Requested _____

ATTENTION - READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS FORM

I declare under penalty of perjury, under the laws of the State of California, that all information contained on this Personal Identification Form and any accompanying documents is true and correct, with full knowledge that all statements made in this form are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of license.

DATE _____

SIGNATURE _____

Per California Civil Code, Section 1798.17 (Information Practices Act), the chief of the bureau is responsible for maintaining the information in this application. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by Section 1798.40 of the Civil Code.

Attach two
Photographs taken
within the past year.

Size 1 1/2" x 2"

FOR DEPARTMENT USE ONLY

Exp _____

FP 1 _____

FP 2 _____